

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23		1				
24						
25			1			
26						
27			1			
28						
29			1			
30						
31			1			
32						
33			1			
34						
35			1			
36						
37			1			
38						
39			1			
40						
41			1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		1				
TOTAL DEP.	10					
TOTAL CLAIMS	10					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						